

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006785

FILED  
Apr 29, 2007  
Secretary of State

Entity Name: GAP COMMUNITY RESOURCES, INC.

## Current Principal Place of Business:

995 STATE RD 434 NORTH  
306  
ALTAMONTE SPRINGS, FL 32714

## New Principal Place of Business:

## Current Mailing Address:

995 STATE RD 434 NORTH  
306  
ALTAMONTE SPRINGS, FL 32714

## New Mailing Address:

FEI Number: 41-2104287

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

WALDEN, GUY DR.  
297 BEACON POINTE DRIVE  
OCOOE, FL 34761 US

## Name and Address of New Registered Agent:

WALDEN, GUY DR.  
110 LANMAN ROAD  
NICEVILLE, FL 32578 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

04/29/2007

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: WALDEN, GUY DR  
Address: 297 BEACON POINTE DRIVE  
City-St-Zip: OCOOE, FL 34761

Title: DVP ( ) Delete  
Name: WALDEN, TERRI  
Address: 297 BEACON POINTE DRIVE  
City-St-Zip: OCOOE, FL 34761

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: WALDEN, GUY DR  
Address: 110 LANMAN ROAD  
City-St-Zip: NICEVILLE, FL 32578

Title: VP (X) Change ( ) Addition  
Name: WALDEN, TERRI  
Address: 110 LANMAN ROAD  
City-St-Zip: NICEVILLE, FL 32578

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DR. GUY WALDEN

PRES

04/29/2007

Electronic Signature of Signing Officer or Director

Date